PTO/SB/08 (12-04)

Approved for use through 7/31/2008, CMB 0051-0002
U.S. Peterl and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperson's Reduction Act of 1995, no parsons are required to record to a collection of information uniters & displays a valid CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD 1/xaU11 Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY NUMBER FLED FOR NUMBER EXTRA RATE (1) FEE (S) RATE (S) FEE (I) BASIC FEE N/A N/A 150.00 300.00 (27 CFR 1.18(a), (b), at (c)) MC SEARCH FEE · N/A NIA. · N/A \$250 COT COFR 1 16(1) (IL or (mi) NIA \$500 EXAMINATION FEE N/A NA MIA (3) CFR 1.16(d. (d. a. (d)) \$100 NA \$200 TOTAL CLAMS X\$ 25 ٠. X\$50 (D7 CFR 1.16(7) minus 20 = OR INDEPENDENT CLAIMS X100 X200 (37 CFR 1.16(N) \* Ceunian If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each (37 CFR 1.16(a) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). +1B0= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +360= "If the difference in column 1 is less than zero, enter '0' in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLADAS HIGHEST REMAINING PRESENT NUMBER RATE (1) ADDI-RATE (1) ADOI-AFTER **EXTRA** PREVIOUSLY TIONAL TIONAL PENDMENT PAID FOR FEE (\$) FEB (1) Total Minus X\$ 25 ENDM OF CHE LIES X\$50 OR Independent G7 CFR 1, 180-8 Minus X100 X200 OR Application Size Fee (37 CFR 1.18(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM D7 CFR 1.160) +180= +360= TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CL ADAS HIGHEST REMAINING NUMBER DRESENT. ADDI-TIONAL FEE (1) RATE (S) RATE (3) ADDI-5106 AFTER EXTRA PREVIOUSLY TIONAL WENDMENT PAID FOR FEE (1) Total Minus X\$ 25 OF CFR LISTS X\$50 OR Minus OT OFR LIBOR X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1/0) +180= +360a OR. TOTAL. TOTAL OR ADD'L FEE **ADOIL FEE** If the entry in column 1 is less than the entry in column 2, write "O" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"He Tighest Number Previously Paid For' IN THIS SPACE is less than 3, evicer 37.

The Tighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

This colocilon of information is required by 97 CFR 1.16. The information is required to obtain or retain a bingist by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This colocilon is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.